



INDIANA DISASTER ASSISTANCE PROGRAM

State Form 53313 (6-07)

INDIANA DEPARTMENT OF HOMELAND SECURITY

Please type or print

Date (month, day, year)	Control number	E-mail address
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APPLICANT INFORMATION			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Name (last, first, middle)	Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of birth (month, day, year)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home telephone number ()
How long have you lived at this address?	Do you live in a mobile home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cellular telephone number ()	
Street address of damaged home (number and street, city, state, and ZIP code)			
Mailing address (if different than address of damaged home) (number and street or PO box, city, state, and ZIP code)			
Is your house livable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent	Type of house <input type="checkbox"/> Frame <input type="checkbox"/> Basement <input type="checkbox"/> Brick <input type="checkbox"/> Two story	Water level in your home (inches and/or feet)
Family members under eighteen (18) years of age:			
Name of spouse or significant other (last, first, middle)		Date of birth (month, day, year)	Other telephone number ()
Address (if different) (number and street, city, state, and ZIP code)			

INSURANCE INFORMATION & DAMAGES					
Do you have homeowners insurance? (See page 2) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical insurance company			
Your occupation	Name of employer		Telephone number of employer ()		
Address of employer (number and street, city, state, and ZIP code)					
Do you have flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy		Date (month, day, year)		
Damaged rooms <input type="checkbox"/> Finished basement	<input type="checkbox"/> Kitchen <input type="checkbox"/> Basement	<input type="checkbox"/> Living room <input type="checkbox"/> Family room	<input type="checkbox"/> Bedroom 1 <input type="checkbox"/> Bathroom	<input type="checkbox"/> Bedroom 2 <input type="checkbox"/> Other	<input type="checkbox"/> Bedroom 3
Personal property damaged	Appliances damaged	Clothing	Medical needs	Transportation	Tools
Applied for USSBA Disaster Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application number		Type of home residence <input type="checkbox"/> Vacation <input type="checkbox"/> Lease <input type="checkbox"/> Primary <input type="checkbox"/> Other		
Vehicle make	Vehicle model	Vehicle year	License plate number		State

OTHER ADULTS IN YOUR HOUSEHOLD			
NAME OF OTHER ADULT LIVING WITH YOU	RELATIONSHIP TO YOU	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

The above information is true and accurate to the best of my knowledge. I am not engaged in fraudulent conduct in this application for disaster assistance. I agree to indemnify and hold harmless the State of Indiana, as well as its agents and employees, for any claims arising from the administration of the Indiana Individual Disaster Assistance Program.	
Signature	Date (month, day, year)

PLEASE LIST DAMAGES IN DETAIL ON PAGE 2 OF THIS APPLICATION

Part of State Form 53313 (6-07)

[illegible]

Transportation
